FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

OMB APPROVAL						
OMB NUMBER:	3235-0076					
Expires:	April 30, 2008					
Estimated aver	age burden					
hours per respo	onse 16.00					

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# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY		
Prefix	 	Serial
D	ATE RECEI	VED

		<del></del>			<del></del>
Name of Offering (☐ chec	ck if this is an amendment and	l name has changed, a	and indicate c	hange.)	
Hairspray London Compa	iny, LP - Offering of Limited	l Partnership Interes	sts		
Filing Under (Check box(es)	that apply):   Rule 504	□ Rule 505	⊠ Rule 5	06 🗆 Section (6)	ECT WOE
Type of Filing:   New	Filing				TECEIVED 1
	A. BASI	C IDENTIFICATION	N DATA	( Acc	165
. Enter the information reque	ested about the issuer			DEC	04 2007
Name of Issuer ( check is	f this is an amendment and na	me has changed, and	indicate chan	ge.)	
Hairspray London Company	ny, LP				HOG
Address of Executive Office		Street, City, State, Zip	Code)	Telephone Number N	nollding Area Code)
c/o Richard Frankel Produ	ctions Inc., 729 Seventh Ave	<u>., 12<sup>th</sup> Floor, NY, NY</u>	10019	212-302-5559	
Address of Principal Busines	ss Operations (Number and	Street, City, State, Zip	Code)	Telephone Number (li	heliding Area Code)
_(if different from Executive	Offices) Same as above			Same as above	
Brief Description of Busines	s: Production of play in Lon	don, UK			_
Type of Business Organization	on				
☐ corporation		p, already formed	<b>□</b> o	ther (please specify): L	imited Liability
☐ business trust	☐ limited partnership	p, to be formed		PHOCESSEL	Company
		Month	Year \		
		07	07 M	DEC 1 0 2007	
Actual or Estimated Date of In	corporation or Organization:	[♥] Actual		.d	
Jurisdiction of Incorporation	or Organization: (Enter two-le	tter II S. Postal Service	re abbreviatio	To THOMSON	
o in the second	CN for Canada; FN for othe	r foreign jurisdiction)		FINANCIAL	U KTOTIN BENY (DENI OPHA INNI DIEN IDEN DANI DIEN EN IND IND I
GENERAL INSTRUCTIONS					07084746

# **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

ATTENTION

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es)that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or Managing Partners Full Name (Last name first, if individual) Richard Frankel Productions, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 729 Seventh Avenue, 12th Floor, New York, NY 10019 Check Box(es)that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partners Full Name (Last name first, if individual) Scorpio Entertainment, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 180 South Broadway, White Plains, NY 10605 Check Box(es)that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or **Managing Partners** Full Name (Last name first, if individual) Marc Routh Productions. Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 729 Seventh Avenue, 12th Floor, New York, NY 10019 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner X Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Frankel, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 729 Seventh Avenue, 12th Floor, New York, NY 10019 Check Box(es)that Apply: □ Promoter ☐ Beneficial Owner □ Director ☐ General and/or **Managing Partners** Full Name (Last name first, if individual) Baruch, Steven Business or Residence Address (Number and Street, City, State, Zip Code) 180 South Broadway, White Plains, NY 10605 Check Box(es)that Apply: ☐ Beneficial Owner ☑ Executive Officer Director ☐ Promoter ☐ General and/or Managing Partners Full Name (Last name first, if individual) Viertel, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) 180 South Broadway, White Plains, NY 10605 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Routh, Marc Business or Residence Address (Number and Street, City, State, Zip Code) 729 Seventh Avenue, 12th Floor, New York, NY 10019 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; • Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es)that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or ☑ Promoter Managing Partners Full Name (Last name first, if individual) Margo Lion Ltd. Business or Residence Address (Number and Street, City, State, Zip Code) 246 West 44th Street, 8th Floor, New York, NY 10019 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or **Managing Partners** Full Name (Last name first, if individual) Lion, Margo Business or Residence Address (Number and Street, City, State, Zip Code) 246 West 44th Street, 8th Floor, New York, NY 10019 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or **Managing Partners** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director **Managing Partners** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Director

☐ Beneficial Owner

Check Box(es)that Apply:

Full Name (Last name first, if individual)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ General and/or

Managing Partners

·				R IN	FORMAT	TION ARO	UT OFFE	RING				
											Yes	No
1. Has the	e issuer solo	d, or does t	he issuer in	tend to sen	id, to non-a	ccredited in	nvestors in	this offerin	ıg?		图	$\boxtimes$
			A	nswer also	in Append	ix, Column	2, if filing	under ULC	DE.			
2. What is	s the minim	ıum investi	ment that w	ill be accep	pted from a	ny individu		••••••	•••••		\$ <u>10</u>	<u>,000</u> *
* Th	is amount	may be wa	aived at the	discretion	n of the Ge	eneral Part	tner.					
3. Does th	he offering	permit joir	nt ownershi	of a singl	le unit?	• • • • • • • • • • • • • • • • • • • •	••••••			••••••	Yes ⊠	No
If a pe list the dealer	nission or si erson to be e name of t r, you may s	imilar remulisted is another the broker of the broker of the set forth the	ested for e uneration for associated or dealer. I e informatio	or solicitati person of f more that	on of purcl a broker or n five (5) p	hasers in co dealer regi ersons to b	onnection vistered with e listed are	vith sales o the SEC a	f securities nd/or with	in the offe a state or st	ring. ates,	
Full Nam	ie (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	r and Stree	t. Citv. Stat	te. Zip Cod	e)		<del></del>		<del></del>	<del></del>
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Name of	Associated	Broker or	Dealer	<u> </u>								. ==
States in	Which Dar	on Listed	has Solicite	d or Intend	le to Coligit	Durahasar						
			individual								🗖	All States
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Full Nam	e (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Stree	t, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer									
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(AL) [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
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		,	,									
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)				-	
Name of .	Associated	Broker or	Dealer		· · · · · · · · · · · · · · · · · · ·	_		· · · · · · · · · · · · · · · · · · ·				
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[RI]	[SC]	[SD]	[TN]	[TX]	lUTI	[VT]	[VA]	(WA)	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security Debt	Aggregate Offering Amount	
Equity	\$	\$
	Ψ	<u> </u>
Convertible Securities (including warrants	\$	<b>.</b> \$
Partnership Interests	\$_3,650,000	. \$_3,650,000
Other (Specify):	\$	. \$
Total		\$ 3,650,000
Answer also in Appendix, Column 3, if filing under ULOE	<u> </u>	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	155	\$ <u>3,606,223</u>
Non-accredited Investors	4	\$ <u>43,777</u>
Total (for filings under Rule 504 only)		\$N/A
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	N/A	\$ <u>-0-</u> .
Regulation A	N/A	\$ <u>-0-</u> .
Rule 504	<u>N/A</u>	\$ <u>-0-</u> .
Total		\$ <u>-0-</u> .
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.		l \$
Printing and Engraving Costs		_
Legal Fees		· ——
Accounting Fees		
Engineering Fees.		
Sales Commissions (specify finder's fees separately)		<u> </u>
Other Expenses (identify)		
Total	×	1 \$ -O-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering p Question 1 and the total expenses furnished in response to Par the "adjusted gross proceeds to the issuer"	t C - Question 4.a. This different	ence i	S		\$ <u>3,650,000</u>		
5. Indicate below the amount of the adjusted gross proceeds to the for each of the purposes shown. If the amount for any purpo and check the box to the left of the estimate. The total of adjusted gross proceeds to the issuer set froth in response to Pa	se is not known, furnish an es the payments listed must equ	timat	e				
			Payments T Officers, Directors, & Affiliates	&	Payments To Others		
Salaries and fees			\$		]		
Purchase of real estate			\$				
Purchase, rental or leasing and installation of machinery a			\$		]		
Construction or leasing of plant buildings and facilities			\$	<u></u> [	]		
Acquisition of other businesses (including the value of se offering that may be used in exchange for the assets or se issuer pursuant to a merger)	curities of another	<u> </u>	\$ \$	[ [	\$   \$		
Working capital			\$	<u> </u>	3 \$		
Other (specify): payment pursuant to investment contract Production (\$3,500,000) plus contingency (\$150,000)	t of 50% of costs of London		\$ \$	<del></del>	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Total Payments Listed (column totals added)	<b>3</b> \$ 3,650,000						
D. FED	ERAL SIGNATURE **		<b>医</b>	Alight A	18 N. 18 18 18 18 18 18 18 18 18 18 18 18 18		
The issuer has duly caused this notice to be signed by the und following signature constitutes an undertaking by the issuer to the information furnished by the issuer to any non-accredited inv	ersigned duly authorized pers furnish to the U.S. Securities	on, I	f this notice i	is filed	under Rule 505, th		
Issuer (Print or Type)	Signature				Date November 21, 2007		
HAIRSPRAY LONDON COMPANY, LP Name of Signer (Print or Type)	Title of Signer (Print	or T		11076			
By: Scorpio Entertainment, Inc., General Partner	Chairman	,	- /				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)